Fill in this information to identify your case:							
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA							
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13						

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Shennah government-issued picture First Name First Name identification (for example, Lynne your driver's license or Middle Name Middle Name passport). Benavides Bring your picture Last Name Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name Only the last 4 digits of xxx - xx - 1 2 1 1 your Social Security number or federal OR OR **Individual Taxpayer** Identification number 9xx - xx -9xx - xx -(ITIN) Any business names I have not used any business names or EINs. ☐ I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name

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Del	btor 1 Shennah Lynne Be	enavides	Case number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
		EIN	EIN			
		EIN	EIN — — — — — — —			
5.	Where you live		If Debtor 2 lives at a different address:			
		4804 KIPP CIR Number Street	Number Street			
		Plant City FL 33566 City State ZIP Code	City State ZIP Code			
		Hillsborough	City State ZIP Code			
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.			
		Number Street	Number Street			
		P.O. Box	P.O. Box			
		City State ZIP Code	City State ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			
Р	art 2: Tell the Court A	About Your Bankruptcy Case				
7.	The chapter of the Bankruptcy Code you	Check one: (For a brief description of each, see N for Bankruptcy (Form 2010)). Also, go to the top o	otice Required by 11 U.S.C. § 342(b) for Individuals Filing f page 1 and check the appropriate box.			
	are choosing to file under	Chapter 7				
		Chapter 11				
		☐ Chapter 12				
		Chapter 13				

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Deb	Shennah Lynne Be	navides		Case number (if	known)				
8.	How you will pay the fee	cour pay v	will pay the entire fee when I file my petition. Please check with the clerk's office in your local ourt for more details about how you may pay. Typically, if you are paying the fee yourself, you may by with cash, cashier's check, or money order. If your attorney is submitting your payment on your chalf, your attorney may pay with a credit card or check with a pre-printed address.						
			ed to pay the fee in installments. If y iduals to Pay The Filing Fee in Installr	•		or			
		By la than fee i	quest that my fee be waived (You ma aw, a judge may, but is not required to, 150% of the official poverty line that a n installments). If you choose this opti g Fee Waived (Official Form 103B) and	waive your fee, and pplies to your family on, you must fill out	d may do so only if your income is les y size and you are unable to pay the t the Application to Have the Chapter				
9.	Have you filed for	☑ No							
	bankruptcy within the last 8 years?	Yes.							
		District _		When	Case number				
		5		MM / DE	D/YYYY				
		District _		When MM / DE	Case number				
		District _		When	Case number				
10.	Are any bankruptcy	√ No		MM / DL	J/ YYYY				
	cases pending or being	☐ Yes.							
	filed by a spouse who is not filing this case with	_		D	alatianahin ta waw				
	you, or by a business partner, or by an	Debtor _			elationship to you				
	affiliate?	District _		When MM / DE	Case number, if known				
		Debtor		D	olationship to you				
					· ·				
		District _		when MM / DE	Case number, if known				
11.	Do you rent your residence?	✓ No. ☐ Yes.	Go to line 12. Has your landlord obtained an evicti	on judgment agains	st you?				
			No. Go to line 12. Yes. Fill out Initial Statement A and file it as part of this bankru		udgment Against You (Form 101A)				

Debtor 1		Shennah Lynne Ber	navid	les	Case number (if known)				
P	art 3:	Report About An	y Bı	usine	sses You Own as a Sole	Proprietor			
12.	of any f	Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			Go to Part 4. Name and location of business				
	busines individua separate a corpor				Name of business, if any Number Street				
	sole pro				City State ZIP Code Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business		can mos	<i>set ap</i> st rece	filing under Chapter 11, the cour propriate deadlines. If you indic nt balance sheet, statement of o these documents do not exist,	cate that you are a small busi operations, cash-flow stateme	iness debtor, yo ent, and federal	ou must attach your income tax return	
	debtor?	$\overline{\mathbf{A}}$	No.	I am not filing under Chapter 1	1.				
	For a definition of small business debtor, see			No.	I am filing under Chapter 11, b the Bankruptcy Code.	ut I am NOT a small business	s debtor accord	ding to the definition in	
	11 U.S.0	C. § 101(51D).		Yes.	I am filing under Chapter 11 an Bankruptcy Code.	nd I am a small business deb	otor according to	o the definition in the	
P	art 4:	Report If You Ov	vn o	r Hav	e Any Hazardous Proper	ty or Any Property Tha	at Needs Im	mediate Attention	
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable			No Yes.	What is the hazard?				
	hazard safety? any pro immedi			If immediate attention is neede	ed, why is it needed?				
	For examp perishable livestock t	For examperishab livestock a buildin	For example, do you own perishable goods, or ivestock that must be fed, or a building that needs urgent epairs?			Where is the property?	Street		
					City		State	ZIP Code	

Debtor 1 Shennah Lynne Benavides Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. About Debtor 1: You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not r	equire	d to	receiv	e a	briefing	about
		ınselin					

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

П	l am not required	l to recei	ive a	briefing	about
_	credit counseling	becaus	e of:		

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 <u>s</u>	Shennah Lynne Be	navid	es			Case	number (if kn	owr	n)	
P	art 6:	Answer These Q	uest	ions	for Reporting Pu	rpos	ses				
16.	What kind	nat kind of debts do you ve?		16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. ☐ Yes. Go to line 17.							
			16b		•	-				debts that you incurred to obtain e business or investment.	
			16c	. Stat	te the type of debts yo	ou ow	e that are not cons	umer or busir	ness	debts.	
17.	Are you t	iling under 7?		No.	I am not filing under	Chap	oter 7. Go to line 18	8.			
	-	stimate that after pt property is		Yes.	-	-	•		-	xempt property is excluded and to distribute to unsecured creditors?	
	administ	rative expenses			☑ No						
	are paid that funds will be available for distribution to unsecured creditors?				Yes						
18.		ny creditors do nate that you		1-49 50-99 100-1 200-9	99		1,000-5,000 5,001-10,000 10,001-25,000			25,001-50,000 50,001-100,000 More than 100,000	
19.	How muc estimate be worth	your assets to		\$50,0 \$100,	0,000 01-\$100,000 001-\$500,000 001-\$1 million		\$1,000,001-\$10 n \$10,000,001-\$50 \$50,000,001-\$100 \$100,000,001-\$50	million 0 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.	How mucestimate	ch do you your liabilities to		\$50,0 \$100,	0,000 01-\$100,000 001-\$500,000 001-\$1 million		\$1,000,001-\$10 n \$10,000,001-\$50 \$50,000,001-\$100 \$100,000,001-\$50	million 0 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
P	art 7:	Sign Below									
For	you			ve exa	•	nd I d	eclare under penal	ty of perjury tl	hat i	the information provided is true	
				If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.							
				If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).							
			I red	quest r	elief in accordance w	th the	e chapter of title 11,	, United State	s C	ode, specified in this petition.	
			con	nectior	-	ise ca	an result in fines up	•	-	money or property by fraud in imprisonment for up to 20 years,	
					ennah Lynne Bena			X			
					ah Lynne Benavides,	Debto	or 1	-		Debtor 2	
			I	Execut	ed on <u>05/10/2019</u> MM / DD / YYY	Υ		Executed	d on	MM / DD / YYYY	

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Debtor 1 Shennah Lynne I	Benavides	Case number (if know	n)
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) name eligibility to proceed under Chapter 7 relief available under each chapter for the debtor(s) the notice required by certify that I have no knowledge after is incorrect.	7, 11, 12, or 13 of title 11, United Sta or which the person is eligible. I also 11 U.S.C. § 342(b) and, in a case in	tes Code, and have explained the o certify that I have delivered to which § 707(b)(4)(D) applies,
	X /s/ Elyssa M. Harvey Signature of Attorney for Debtor	Date	05/10/2019 MM / DD / YYYY
	Elyssa M. Harvey		
	Printed name The Golden Law Group		
	Firm Name		
	808 Oakfield Dr, Ste A		
	Number Street		
	Brandon	<u>FL</u>	33511
	City	State	ZIP Code
	Contact phone	Email address Elyss a	a@brandonlawyer.com
	0119907	FL	_
	Bar number	State	

Debtor 1	Shennah	Lynne	Benavides
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bar	nkruptcy Court fo	r the: MIDDLE DIST	RICT OF FLORIDA
Case number			
(if known)			

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$1,447.05
	1c. Copy line 63, Total of all property on Schedule A/B	\$1,447.05
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$41,861.14
	Your total liabilities	\$41,861.14
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$1,830.01
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$1,763.41

Deb	tor 1	Shennah Lynne Benavides Case num	ber (if known)						
P	art 4	Answer These Questions for Administrative and Statistical Reco	ords						
6.	Are	you filing for bankruptcy under Chapters 7, 11, or 13?							
		No. You have nothing to report on this part of the form. Check this box and submit this form.	orm to the court with you	ur other schedules.					
7.	Wha	at kind of debt do you have?							
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.								
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.								
3.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$2,207.07								
) .	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:								
			Total claim						
	Fro	m Part 4 on <i>Schedule E/F,</i> copy the following:							
	9a.	Domestic support obligations. (Copy line 6a.)	\$0.00	<u>) </u>					
	9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00	<u>) </u>					
	9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	<u>)</u>					
	9d.	Student loans. (Copy line 6f.)	\$0.00	<u>)</u>					
	9e.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00	<u>)</u>					
	9f.	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00	<u>) </u>					
	9g.	Total. Add lines 9a through 9f.	\$0.00	2					

F	II in this inf	ormation to id	entify you	r case and	this filing:		
De	ebtor 1	Shennah	Lynne		Benavides		
		First Name	Middle Na	me	Last Name		
	ebtor 2 pouse, if filing)	First Name	Middle Na	me	Last Name		
Ur	nited States Bar	nkruptcy Court for	the: MIDDLE	E DISTRICT	OF FLORIDA		
	ase number					☐ Check	if this is an
(11	known)					amend	ed filing
~	6 : . :	400 A /D					
	ficial Form		_				40/45
SC	neaule A/	B: Property					12/15
the filin	asset in the ca g together, bo	tegory where you	u think it fits sponsible for	best. Be as supplying c	complete and accurate as orrect information. If more	set fits in more than one cat possible. If two married pe space is needed, attach a ber (if known). Answer eve	ople are separate
P	art 1: Des	scribe Each R	esidence, l	Building, L	and, or Other Real Es	state You Own or Have	an Interest In
1.	✓ No. Go t	, ,	•	interest in a	ny residence, building, land	d, or similar property?	
2.		-	-	-	our entries from Part 1, incl at number here		\$0.00
	entines for pa	ges you have all	ached for Fa	it i. wiite tii	lat number nere		<u> </u>
P	art 2: Des	scribe Your Ve	ehicles				
you	own that some	one else drives. If	f you lease a	vehicle, also	report it on Schedule G: Exe	e registered or not? Include cutory Contracts and Unexpi	· · · · · · · · · · · · · · · · · · ·
3.	Cars, vans, tr	ucks, tractors, sp	port utility ve	hicles, moto	rcycles		
	□ No ✓ Yes						
3.1.			w	/ho has an in	terest in the property?	Do not deduct secured clai	ms or exemptions. Put the
Mak	ie:	Kia		heck one.	alı.	amount of any secured claim Creditors Who Have Claim	
Mod		Sportage	F	☑ Debtor 1 o ☑ Debtor 2 o	•	Current value of the	Current value of the
Yea Ann	r: roximate milea	2018	— Ē	_	nd Debtor 2 only	entire property?	portion you own?
	er information:	gc	—	At least on	e of the debtors and another	\$0.00	\$0.00
201 VIN	8 Kia Sporta : KNDPN3AC ASED VEHICI	5J7406438		Check if the (see instruction	nis is community property ctions)		
4.					eational vehicles, other vehing vessels, snowmobiles, n		
	✓ No ☐ Yes						
5.		•	-	-	our entries from Part 2, include the number here		\$0.00
Pa	art 3: Des	scribe Your Pe	ersonal and	d Househo	old Items		
Do	you own or ha	ve any legal or ec	quitable inter	est in any of	the following items?		Current value of the portion you own?

Official Form 106A/B Schedule A/B: Property page 1

Do not deduct secured claims or exemptions.

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Debt	tor 1 Shennah Lynne Benavides Case number (if known)	
6.	Household goods and furnishings	
	Examples: Major appliances, furniture, linens, china, kitchenware	
	□ No	
	Yes. Describe Dresser W/Mirror	\$100.00
	TV stand	
	Bed	
	2 Night stands	
7.	Electronics	
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	□ No	
	Yes. Describe 32" TV	\$60.00
	DVD Player	
	cell phone	
8.	Collectibles of value	
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
	☑ No	
	Yes. Describe	
9.	Equipment for sports and hobbies	
J.	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
	□ No	
	Yes. Describe AB Coaster	\$20.00
10.	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
	✓ No	
	Yes. Describe	
		-
11.	Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	□ No	
	Yes. Describe Clothes	\$100.00
12	Jewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	□ No	
	Yes. Describe Costume jewelry	\$20.00
13.	Non-farm animals Examples: Dogs, cats, birds, horses	
	□ No	
	✓ Yes. Describe Cat	\$0.00
	<u></u>	
14.	Any other personal and household items you did not already list, including any health aids you did not list	
	☑ No	
	Yes. Give specific	
	information	
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have	#000 00
	attached for Part 3. Write the number here	\$300.00

Deb	tor 1	Shennah Lynne Ben	avides	Case number (if known)	
P	art 4:	Describe Your Fir	nancial Assets		
Do	you own	or have any legal or eq	uitable interest in any of the follov	ving?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	es: Money you have in you petition	our wallet, in your home, in a safe de	eposit box, and on hand when you file your	
	✓ No ☐ Yes.			Cash:	
17.	•			es of deposit; shares in credit unions, ave multiple accounts with the same	
	□ No ☑ Yes.		Institution name:		
	17.	Checking account:	Checking account Wells Fargo		\$300.00
	17.	2. Savings account:	Savings account Wells Fargo		\$100.00
18.	Example	mutual funds, or publices: Bond funds, investme	ly traded stocks ent accounts with brokerage firms, n	noney market accounts	
	✓ No ☐ Yes.	Insti	tution or issuer name:		
19.	-	olicly traded stock and est in an LLC, partners	-	corporated businesses, including	
	infor	. Give specific mation about n Nam	e of entity:	% of ownership:	
20.	Negotial	ble instruments include p	nds and other negotiable and non- ersonal checks, cashiers' checks, p hose you cannot transfer to someon	romissory notes, and money orders.	
	infor	. Give specific rmation about nlssu	er name:		
21.		ent or pension account es: Interests in IRA, ERIS profit-sharing plans	s SA, Keogh, 401(k), 403(b), thrift savi	ngs accounts, or other pension or	
	_	List each	of account: Institution name:		
22.	Your sha	•	s you have made so that you may co	ontinue service or use from a company electric, gas, water), telecommunications	
23.	_		Institution name or inc	lividual: ou, either for life or for a number of years)	

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Deb	Snennan Lynne Benavides	Case number (if knowr	າ)
24.	Interests in an education IRA, in an account in a qualified ABLE p 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	program, or under a qualified state	tuition program.
	☑ No		
	Yes Institution name and description. Separa	ately file the records of any interests.	11 U.S.C. § 521(c)
25.	Trusts, equitable or future interests in property (other than anyth powers exercisable for your benefit	ing listed in line 1), and rights or	
	☑ No		
	Yes. Give specific information about them		
26.	Patents, copyrights, trademarks, trade secrets, and other intellect Examples: Internet domain names, websites, proceeds from royalties		
	☑ No		
	Yes. Give specific information about them		
27.	Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative associa	tion holdings, liquor licenses, profess	ional licenses
	✓ No ☐ Yes. Give specific		
	information about them		
Mon	ey or property owed to you?		Current value of the
			portion you own? Do not deduct secured
			claims or exemptions.
28	Tax refunds owed to you		
20.	·		
	☑ No ☐ Yes. Give specific information		Federal:
	about them, including whether		
	you already filed the returns		State:
	and the tax years		Local:
29.	Family support Examples: Past due or lump sum alimony, spousal support, child sup	oport, maintenance, divorce settlemer	nt, property settlement
	✓ No ☐ Yes. Give specific information	Alimony:	
	Tes. Give specific information	•	
		Maintena	nce:
		Support:	
		Divorce s	settlement:
		Property	settlement:
30.	Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability b compensation, Social Security benefits; unpaid loans you		rs'
	□ No		***
	Yes. Give specific information A host refund in the amoun (Hillsborough County Publi		\$727.05
31.	Interests in insurance policies	,	
	Examples: Health, disability, or life insurance; health savings accour	nt (HSA); credit, homeowner's, or rente	er's insurance
	No No Name the insurance		
	Yes. Name the insurance company of each policy		
	and list its value Company name:	Beneficiary:	Surrender or refund value:

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Deb	tor 1 Shennah Lynne Benavides	Case number (if known)	
32.	Any interest in property that is due you from someone who has If you are the beneficiary of a living trust, expect proceeds from a life entitled to receive property because someone has died		
	✓ No✓ Yes. Give specific information	_	
33.	Claims against third parties, whether or not you have filed a law <i>Examples</i> : Accidents, employment disputes, insurance claims, or rig		
	✓ No ☐ Yes. Describe each claim	_	
34.	Other contingent and unliquidated claims of every nature, including rights to set off claims	ling counterclaims of the debtor and	
	✓ No ☐ Yes. Describe each claim	_	
35.	Any financial assets you did not already list		
	✓ No✓ Yes. Give specific information	_	
36.	Add the dollar value of all of your entries from Part 4, including attached for Part 4. Write that number here		\$1,127.05
Pa	art 5: Describe Any Business-Related Property You	Own or Have an Interest In. List any rea	ıl estate in Part 1
37.	Do you own or have any legal or equitable interest in any busine	ess-related property?	
	✓ No. Go to Part 6.		
	Yes. Go to line 38.		
		po Do	rrent value of the rtion you own? not deduct secured ims or exemptions.
38.	Accounts receivable or commissions you already earned		•
	✓ No ☐ Yes. Describe	_	
39.	Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers desks, chairs, electronic devices	, copiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes. Describe	_	_
40.	Machinery, fixtures, equipment, supplies you use in business, a	nd tools of your trade	
	✓ No ☐ Yes. Describe	_	
41.	Inventory		
	✓ No ☐ Yes. Describe	_	
42.	Interests in partnerships or joint ventures		
	✓ No ☐ Yes. Describe Name of entity:	% of ownership:	

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Deb	tor 1	Shennah Lynne Benavides	Case number (if known)	
43.	Custon	ner lists, mailing lists, or other compilations		
	✓ No ☐ Yes	s. Do your lists include personally identifiable information (as defined i No Yes. Describe	n 11 U.S.C. § 101(41A))?	
44.	Any bu	siness-related property you did not already list		
	✓ No	s. Give specific information.		
45.		e dollar value of all of your entries from Part 5, including any entries for d for Part 5. Write that number here	_	\$0.00
Pa		Describe Any Farm- and Commercial Fishing-Related Pro If you own or have an interest in farmland, list it in Part 1.	perty You Own or Have a	n Interest In.
46.	Do you	own or have any legal or equitable interest in any farm- or commercial	fishing-related property?	
	_	Go to Part 7. s. Go to line 47.		
				Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a	nimals les: Livestock, poultry, farm-raised fish		ошно от олотирионо.
	✓ No ☐ Yes			
48.	Crops-	either growing or harvested		
	_	s. Give specific		
49.	Farm a	nd fishing equipment, implements, machinery, fixtures, and tools of tra	de	
	✓ No ☐ Yes	S		
50.	Farm a	nd fishing supplies, chemicals, and feed		
	✓ No ☐ Yes	S		
51.	Any far	m- and commercial fishing-related property you did not already list		
	_	s. Give specific		
52.		e dollar value of all of your entries from Part 6, including any entries for d for Part 6. Write that number here		\$0.00
Pa	art 7:	Describe All Property You Own or Have an Interest in Tha	t You Did Not List Above	
53.	-	have other property of any kind you did not already list? les: Season tickets, country club membership		
	□ No ✓ Yes	s. Give specific information.		
	D١	/Ds		\$20.00

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Debtor 1	Shennah Lynne Benavides	Case no	umber (if known)		
	he dollar value of all of your entries from Part 7. Write t	hat number here)		\$20.00
55. Part 1	: Total real estate, line 2			•	\$0.00
56. Part 2	2: Total vehicles, line 5	\$0.00			
57. Part 3	3: Total personal and household items, line 15	\$300.00			
58. Part 4	l: Total financial assets, line 36	\$1,127.05			
59. Part 5	: Total business-related property, line 45	\$0.00			
60. Part 6	: Total farm- and fishing-related property, line 52	\$0.00			
61. Part 7	: Total other property not listed, line 54	+\$20.00			
62. Total	personal property. Add lines 56 through 61	\$1,447.05	Copy personal property total	+	\$1,447.05
63. Total	of all property on Schedule A/B. Add line 55 + line 62.				\$1,447.05

Fill in 1	this inf	ormation to i	lentify your o	caso.					
Debtor 1		Shennah First Name	Lynne Middle Name	Benavid	es				
Debtor 2		First Name	Middle Name	Last Nama					
` '	, 0,			Last Name DISTRICT OF FLO	RIDA	\			
Case nu		inapioy Court for	ino. IMIDDEL I	<u> </u>	I			☐ Check if this is an amended filing	
(if knowr								Ç	
Official	l Form	106C							
Sched	lule C:	The Prope	rty You Cl	aim as Exem _l	pt				04/19
Using the space is n	property needed, fi	you listed on <i>Sch</i>	edule A/B: Prope o this page as m	erty (Official Form 10	6A/B)) as your source	e, list the	esponsible for supplying correct info e property that you claim as exempt ssary. On the top of any additional	. If more
is to state exempted receive co exemption	e a specification and the second contraction of 100% is determined.	fic dollar amount e amount of any nefits, and tax-ex 6 of fair market v nined to exceed t	t as exempt. Alt applicable stati xempt retiremer value under a la that amount, you	ternatively, you may utory limit. Some en nt fundsmay be un w that limits the exe	/ claii xemp limite empti	m the full fair r tionssuch as ed in dollar am on to a particu	market v s those f nount. H ular dolla	you claim. One way of doing so value of the property being for health aids, rights to lowever, if you claim an ar amount and the value of the e statutory amount.	
rait i.	lue	nuly the Prop	erty fou Cia	iii as Exempt					
$\overline{\mathbf{V}}$	You are	•	l federal nonbanl	Check one only, kruptcy exemptions. J.S.C. § 522(b)(2)			_	with you.	
2. For a	any prop	erty you list on S	Schedule A/B tha	at you claim as exe	mpt, 1	fill in the infor	mation b	pelow.	
	-	of the property a		Current value of the portion you own		ount of the mption you cl	aim	Specific laws that allow exempt	tion
				Copy the value from Schedule A/B		eck only one bo h exemption	ox for		
Brief desc Dresser TV stand Bed 2 Night s	W/Mirro			\$100.00		\$100.00 100% of fair r value, up to a applicable sta limit	market any	Fla. Const. art. X, § 4(a)(2)	
	cription:			\$60.00		\$60.00)	Fla. Const. art. X, § 4(a)(2)	
Brief desc						100% of fair r			
32" TV						value, up to a applicable sta	•		
32" TV DVD Play	-								
32" TV DVD Play cell phor	ne	e A/B: 7				limit			

Deptor 1 Snen	nan Lynne Benavides			Case number	r (if known)
Part 2: Add	ditional Page				
Brief description o Schedule A/B that	of the property and line on lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description: AB Coaster		\$20.00	\Box	\$20.00 100% of fair market	Fla. Const. art. X, § 4(a)(2)
Line from Schedule	A/B: 9			value, up to any applicable statutory limit	
Brief description:		\$100.00	Ø	\$100.00 100% of fair market	Fla. Const. art. X, § 4(a)(2)
Line from Schedule	A/B: 11		_	value, up to any applicable statutory limit	
Brief description: Costume jewelry	,	\$20.00	<u> </u>	\$20.00 100% of fair market	Fla. Const. art. X, § 4(a)(2)
Line from Schedule	A/B: 12		_	value, up to any applicable statutory limit	
Brief description: Checking account	nt	\$300.00	Ø	\$300.00 100% of fair market	Fla. Const. art. X, § 4(a)(2)
Wells Fargo Line from Schedule	A/B: 17.1			value, up to any applicable statutory limit	
Brief description: Savings account	·	\$100.00	Ø	\$100.00 100% of fair market	Fla. Const. art. X, § 4(a)(2)
Wells Fargo Line from Schedule	A/B: 17.2			value, up to any applicable statutory limit	
Brief description:		\$20.00	<u> </u>	\$20.00 100% of fair market	Fla. Stat. Ann. § 222.25(4)
Line from Schedule	A/B: 53			value, up to any applicable statutory limit	

	ormation to identif	y your case	:			
Debtor 1		ynne liddle Name	Benavides Last Name			
Debtor 2						
(Spouse, if filing)	First Name M	liddle Name	Last Name			
United States Ban	kruptcy Court for the: N	IIDDLE DISTI	RICT OF FLORIDA			
Case number (if known)					Check if this i amended filin	
Official Form	106D					
Schedule D:	Creditors Who	Have Cla	ims Secured by	/ Property		12/15
correct information On the top of any a	n. If more space is nee additional pages, write ors have claims secure	eded, copy the your name an ed by your pro	ed people are filing tog Additional Page, fill it d case number (if know perty? court with your other sche	out, number the entr vn).	les, and attach it to th	is form.
<u> </u>	in all of the information l		,			
Part 1: List	All Secured Clain	าร				
claim, list the c creditor has a p	ed claims. If a creditor of creditor separately for eap particular claim, list the ble, list the claims in alpe.	ach claim. If mo other creditors i	ore than one n Part 2. As	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the secures the	property that claim:			
Creditor's name		-				
Number Street		-				
City Who owes the deb Debtor 1 only Debtor 2 only Debtor 1 and Debtor 1 and Debtor 1		Continge Unliquida Disputed Nature of lies An agree Statutory	n. Check all that apply. ment you made (such as lien (such as tax lien, m	s mortgage or secured	l car loan)	
ш	the debtors and another		t lien from a lawsuit cluding a right to offset)			
	laim relates					
Check if this cl	y debt					

Official Form 106D

all pages. Write that number here:

If this is the last page of your form, add the dollar value totals from

\$0.00

claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Nonpriority amount 2.1 Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Check if this claim is for a community debt list the claim subject to offset? None of the debt or personal injury while you were intoxicated Other. Specify list the claim subject to offset?					-		
Pirst Name Middle Name Last Name Last Name Debtor 2 (Gpouse, if filing) Pirst Name Middle Name Last Name Last Name United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA	Fill in this in	formation to i	dentify your ca	ise:			
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA Case number (if known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule APP. Property (Official Form 168G). Do not Include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, mumber the entries in the boxs on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, it that claim here and show both priority and compriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Fage of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Priority Creditor's Name Last 4 digits of account number Whon was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Uniquiglated Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only All claims for a community debt Is the claim subject to offset? Who claim subject to offset?	Debtor 1	Shennah	Lynne	Benavides			
Check if this is an amended filing Check if		First Name	Middle Name	Last Name			
United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA Case number (if known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims and the other party to any executory contracts or schedule A/B: Property (Official Form 108A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 108G). Do not Include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Party you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor has a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Nonpriority amount Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Last 4 digits of account number When was the debt incurred? Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe	Debtor 2						
Case number (if known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule ABP. Property (Official Form 106A) and on Schedule ABP. Property (Official Form 106A) and on Schedule Be. Property (Official Form 106A) and on Schedule Be. Property (Official Form 106A) and on Schedule Be. Property (Official Form 106A) and the property of the Pert you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and unsecured claims. If a creditor has more than one priority unsecured claim has both priority and nonpriority amounts, list that claim here and show both priority and unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount amount amount when we have a priority unsecured claim: Domestic support obligations 1 axis and certain other debts you owe the government Claims of the debtors or of the debtors and another intoxicated Other. Specify 1 better 2 only	(Spouse, if filing) First Name	Middle Name	Last Name			
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106C). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority mounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booket. Total claim Priority amount As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Claims for death or personal injury while you were intoxicated Other. Specify Domestic support obligations Claims for death or pe	United States Ba	ankruptcy Court fo	r the: MIDDLE DI	STRICT OF FLORIDA			
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list secured property (Official Form 106A) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property (If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (If known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and unopriority amounts, list that claim here and show both priority and unopriority amounts, list that claim here and show both priority and unopriority amounts, list that claim here and show both priority and unopriority amounts, list that claim here and show both priority and unopriority amounts, list that claim here and show both priority and unopriority amounts. Is the claim is the creditor sense. If more space is needed for priority unsecured claim; fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the creditor sense. If the creditor sense are all priority amount and					-	7 Check if this is	an
Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106A/B) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Ves. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and propriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Priority Creditor's Name Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Type of PRIORITY unsecured claim: Nonpriority	(if known)					_	an
Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property (If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Priority Creditor's Name Number Street When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Type of PRIORITY unsecured claim: Domestic support obligatio	Official Form	106E/E			_		
Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Als: Property (Official Form 106A)B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2.		-	- \ A /l	Harasana d Olaima			40/45
claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AlB: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2.	Schedule E	/F: Creditor	s wno Have	Unsecured Claims			12/15
No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority Anount Nonpriority When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 community debt Is the claim subject to offset?	If more space is to this page. On	needed, copy the the top of any ad	Part you need, fil ditional pages, w	l it out, number the entries in the rite your name and case number	boxes on the left. A		
No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority Anount Nonpriority When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 community debt Is the claim subject to offset?	1. Do any cred	itors have priorit	v unsecured claim	ns against you?			
Z. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Nonpriority amount Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another At least one of the debtors and another Claims for death or personal injury while you were intoxicated Other. Specify Interview of PRIORITY unsecured claim: Other. Specify	_ ,, _	-	,	3			
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet. Total claim Priority amount Nonpriority amount Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unfliquidated Disputed Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Claims for death or personal injury while you were intoxicated Other: Specify Is the claim subject to offset?	<u> </u>						
2.1 Priority Creditor's Name Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No	claim. For ea show both pri more space i	ach claim listed, id iority and nonprior is needed for prior	entify what type of ity amounts. As m ity unsecured claim	claim it is. If a claim has both prior uch as possible, list the claims in a	ity and nonpriority an phabetical order acc	nounts, list that clai ording to the credit	im here and or's name. If
Priority Creditor's Name	(For an expla	anation of each typ	e of claim, see the	instructions for this form in the inst			
Priority Creditor's Name					Total claim	-	
Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Claims or death or personal injury while you were intoxicated Other. Specify	2.1					amount	amount
Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Claims or death or personal injury while you were intoxicated Other. Specify				Last 4 digits of account number			
As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	Priority Creditor's Nan	ne		-			
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	Number Street					_	
Unliquidated Disputed				•	is: Check all that ap	ply.	
City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No							
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	City	State	7IP Code	<u> </u>			
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Sthe claim subject to offset? □ No	•			Type of PRIORITY unsecured cla	nim:		
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No				••			
At least one of the debtors and another intoxicated Check if this claim is for a community debt Is the claim subject to offset? No		Dobtor 2 only		Taxes and certain other debts		nent	
Check if this claim is for a community debt Stee Claim subject to offset? No	ш	,	another		ijury while you were		
Is the claim subject to offset?							
□ No			-	ы т ")			
T Yes	_						

Debtor 1	Shennah Lynne Benavides	Case number (if known)
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims
4. List all	of your nonpriority unsecured claims ditor has more than one nonpriority unsec claim it is. Do not list claims already incl	Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in insecured claims, fill out the Continuation Page of Part 2.
Clearwate City Who incurr Debtor At least Check i	### Account Serv	## Total claim \$4,125.5 Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services
Nonpriority Cre 1390 Cele Number Celebratio City Who incurr Debtor Debtor At least Check i	bration Blvd. Street PI 34747 State ZIP Code ed the debt? Check one. 1 only	\$288.98 Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Annual Pass

Snennan Lynne Benavides	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$0.00
Planet Fitness	Last 4 digits of account number	
Nonpriority Creditor's Name 1864 James L Redman Pkwy	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	IYR Contract	
Is the claim subject to offset?		
☑ No ☐ Yes		
4.4		Unknown
Progressive Insurance	Last 4 digits of account number 6 0 1 3	
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Riverview FL 33578	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
Check if this claim is for a community debt	Consumer Services	
Is the claim subject to offset?		
☑ No ☐ Yes		
Progressive Lessing	Lact 4 digits of account number 6 9 2 2	\$118.92
Progressive Leasing Nonpriority Creditor's Name	Last 4 digits of account number6832_ When was the debt incurred?	
256 Data Dr.		
Number Street	As of the date you file, the claim is: Check all that apply. ☐ Contingent	
	Unliquidated	
Draper UT 84020	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Lease Purchase	
Is the claim subject to offset?		
☑ No		
Yes		

Shennah Lynne Benavides	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the	Total claim
4.6		\$2,619.00
Rainier Emergency Physicians LLC	Last 4 digits of account number 5 7 0 0	
Nonpriority Creditor's Name 13737 Noel Rd Ste 1600	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Dolloo TV 75240	Disputed	
Dallas TX 75240 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Medical Services	
Is the claim subject to offset? ✓ No		
Yes		
4.7		\$16,933.00
Suncoast Credit Union	Last 4 digits of account number0544	
Nonpriority Creditor's Name PO Box 30495	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Tampa FL 33630	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Personal Loan	
Is the claim subject to offset?	Feisonal Loan	
☑ No		
Yes		
Hillsborough case number: 19-CA-003521		
4.8		\$2,337.80
Suncoast Credit Union Nonpriority Creditor's Name	Last 4 digits of account number <u>8 1</u>	
PO Box 30495	When was the debt incurred?	
Number Street	 As of the date you file, the claim is: Check all that apply. ☐ Contingent 	
	Unliquidated	
Tampa FL 33630	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans Obligations arising out of a separation agreement or divorce	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	- Tours our a	
No Voc		
☐ Yes		

Debtor 1	Shennah Lynne Benavides	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listin	ng any entries on this page, number the page.	m sequentially from the	Total claim
4.9			\$11,117.12
	rtment of Education reditor's Name 530260 Street	Last 4 digits of account number 0 9 2 5 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent	
Atlanta	GA 30353	☐ Unliquidated ☐ Disputed	
City Who incur ✓ Debtor ☐ Debtor ☐ Debtor ☐ At leas ☐ Check	state ZIP Code red the debt? Check one. 1 only 2 only 1 and Debtor 2 only 3 one of the debtors and another 3 if this claim is for a community debt 3 m subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Student Loan	
4.10			\$4.320.81
	Village Voyages creditor's Name	Last 4 digits of account number 7 2 7 4 When was the debt incurred?	<u> </u>
Number	Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Debtor Debtor Debtor Debtor At leas Check	State ZIP Code red the debt? Check one. 1 only 2 only 1 and Debtor 2 only 2 one of the debtors and another 2 if this claim is for a community debt 2 m subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Interest based	

Debtor 1	Shennah Lynne E	3enavides		Case number (if known)			
Part 3: List Others to Be Notified About a Debt That You Already Listed							
For ex credit debts	cample, if a collection or in Parts 1 or 2, the	n agency is trying on list the collection of ts 1 or 2, list the a	to collect from you for a debt you on agency here. Similarly, if you h additional creditors here. If you do	r a debt that you already listed in Parts 1 or 2. owe to someone else, list the original ave more than one creditor for any of the o not have additional parties to be notified for			
	GRA & DUFFY PLL	C DBA	On which entry in Part 1 or	Part 2 did you list the original creditor?			
Name 9210 KIN (G PALM DR		Line 4.7 of (Check one).	Part 1: Creditors with Priority Unsecured Claims			
Number	Street		_	Part 2: Creditors with Nonpriority Unsecured Claims			
TAMPA City	FL Stat		—— Last 4 digits of account nun	nber			
	Financial Services		On which entry in Part 1 or	Part 2 did you list the original creditor?			
Name P.O. Box	361450		Line 4.6 of (Check one).	Part 1: Creditors with Priority Unsecured Claims			
Number	Street		<u> </u>	Part 2: Creditors with Nonpriority Unsecured Claims			
Indianapo	olis IN	46236	—— Last 4 digits of account nun	nber			
City	Stat	te ZIP Code					

Debtor 1	Shennah Lynne Benavides	Case number (if known)	
Part 4:	Add the Amounts for Each Type of Unsecured Claim		

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. -	\$0.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$0.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. 🖣	\$41,861.14
	6j.	Total. Add lines 6f through 6i.	6j.	\$41,861.14

Fill in Abia inf	iawaatian ta i	doutify your coor		
Debtor 1	Shennah	dentify your case:	Benavides	
Debior 1	First Name	Middle Name	Last Name	
Debtor 2	Circl Name	Middle Nove	LastNama	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court fo	r the: MIDDLE DISTE	RICT OF FLORIDA	<u> </u>
Case number				Charle White is an
(if known)				☐ Check if this is an amended filing
	: Executory	y Contracts and	•	Leases 12/15 together, both are equally responsible for supplying
On the top of any 1. Do you have No. Che Yes. Fill	any executory of the this box and find all of the information	s, write your name and contracts or unexpired alle this form with the country mation below even if the	d case number (if k leases? urt with your other so e contracts or leases	it out, number the entries, and attach it to this page. nown). hedules. You have nothing else to report on this form. s are listed on Schedule A/B: Property (Official Form 106A/B). tract or lease. Then state what each contract or lease
•	ample, rent, vehi ntracts and unexp		See the instruction	s for this form in the instruction booklet for more examples of
Person or	company with	whom you have the co	ntract or lease	State what the contract or lease is for
Name P.O. Box	bbility Headqua 536216 Street	arters		_ Installment Plan Leased Phone – Contract to be ASSUMED
Atlanta		GA State	30353 ZIP Code	-
City	F !	State	ZIP Code	Overland
2.2 Kia Moto	rs Finance			_ Car Lease Contract to be ASSUMED
P.O. Box Number	650805 Street			
Dallas		TX	75265	_
City		State	ZIP Code	_

Fil	l in this inf	ormation to i	dentify your case	:	
Dek	otor 1	Shennah	Lynne	Benavides	
		First Name	Middle Name	Last Name	
	otor 2 ouse, if filing)	First Name	Middle Name	Last Name	-
Uni	ted States Ba	nkruptcy Court fo	r the: MIDDLE DIST	RICT OF FLORIDA	
	se number				☐ Check if this is an
(if k	nown)				amended filing
	cial Form				
Sch	nedule H	Your Code	ebtors		12/15
page	On the top Do you have No Yes	of any Additiona	l Pages, write your n	ame and case number (if kn	n the left. Attach the Additional Page to this own). Answer every question. use as a codebtor.) ry? (Community property states and territories
		• .		• • • •	exas, Washington, and Wisconsin.)
	☑ No. Got		mer spouse or legal e	quivalent live with you at the t	ime?
	□ No	. your opouco, ioi	mer opodoe, er logar e	quivalent iivo mai you ut alo t	
3.	☐ Yes In Column 1		ndebtors. Do not incl	ude vour snouse as a codel	otor if your spouse is filing with you. List the
	person show	n in line 2 again	as a codebtor only if	that person is a guarantor of	or cosigner. Make sure you have listed the
		•	ะเลเ Form 106D), Sche <i>r</i> Schedule G to fill oเ	•	E/F), or Schedule G (Official Form 106G). Use
	Column 1:	Your codebtor			Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
3.1	Javancia	Browne			Cahadula D. lina
	√ Name 4301 SW	10th Ave.			Schedule D, line
	Number	Street			Schedule E/F, line 4.10
			FI	22044	Schedule G, line Vacation Village Voyages
	Cape Co	rai	FL State	33914 ZIP Code	

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G	ill in this inforn	nation to ident	ify your case:				
	Debtor 1	Shennah	Lynne	Benavid	es		
		First Name	Middle Name	Last Name		Che	eck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		— -	An amended filing
	United States Bank	ruptcy Court for the	: MIDDLE DIS	TRICT OF FLOR	RIDA	🗆	A supplement showing postpetition chapter 13 income as of the following date:
	Case number (if known)				_		
0	fficial Form 10	061					MM / DD / YYYY
S	chedule I: Yo	ur Income					12/15
res inc ab yo	sponsible for suppl clude information a out your spouse. I ur name and case i	ying correct inform bout your spouse f more space is ne	mation. If you ar . If you are sepal eded, attach a se . Answer every o	e married and not rated and your sp eparate sheet to the	filing jointly ouse is not	/, and your filing with y	I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your emploinformation.	oyment		Debtor 1			Debtor 2 or non-filing spouse
	If you have more job, attach a sepa with information a	rate page Emp bout	loyment status	Employed Not employ	red		☐ Employed ☐ Not employed
	additional employ	Occi	ıpation	Lead Teacher			_
	Include part-time, or self-employed		loyer's name	Kids R. Learn	ing Acadeı	my	
	Occupation may in student or homent applies.	p	loyer's address	4321 Lynx Pa	w trl		Number Street
				Valrico	FL	33596	City Clabs 7in Code
		How	long employed t	City here? 22 moi	State	Zip Code	City State Zip Code
	owt 9: Give F				1.1.0	_	
		Details About N			ning to repor	t for any line	, write \$0 in the space. Include your
	n-filing spouse unles		-	ii. Ii you nave nou	iiig to repor	tion any mie	, write 40 in the space. Include your
•	ou or your non-filing u need more space,	•		er, combine the inf	ormation for	all employe	rs for that person on the lines below. If
					For D	Debtor 1	For Debtor 2 or non-filing spouse
2.		ss wages, salary, s). If not paid mont				\$2,014.47	
3.	Estimate and list	monthly overtime	pay.		3. +	\$180.10	
4.	Calculate gross i	income. Add line	2 + line 3.		4.	\$2,194.57	

Official Form 106l Schedule I: Your Income page 1

Deb	otor 1 Shennah Lynne Benavides		Case nur	mber (if known	ı)	
		Fo	or Debtor 1	For Debtor	2 or	
	Copy line 4 here	4 .	\$2,194.57	-		
5.	List all payroll deductions:	•				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$377.56			
	5b. Mandatory contributions for retirement plans	5b.	\$0.00			
	5c. Voluntary contributions for retirement plans	5c.	\$0.00			
	5d. Required repayments of retirement fund loans	5d.	\$0.00			
	5e. Insurance	5e.	\$0.00			
	5f. Domestic support obligations	5f.	\$0.00			
	5g. Union dues	5g.	\$0.00			
	5h. Other deductions. Specify: TUITION	5h. + _	\$2.00			
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$379.56			
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	. 7.	\$1,815.01			
8.	List all other income regularly received:					
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00			
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
	8b. Interest and dividends	8b.	\$0.00			
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
	8d. Unemployment compensation	8d.	\$0.00			
	8e. Social Security	8e.	\$0.00			
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify:	8f.	\$0.00			
	8g. Pension or retirement income	8g.	\$0.00			
	8h. Other monthly income.	•				
	Specify:	8h. +	\$0.00			
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	. 9.	\$0.00			
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$1,815.01	+	=	\$1,815.01
11.	State all other regular contributions to the expenses that you list in		 J.			
	Include contributions from an unmarried partner, members of your house friends or relatives.			ır roommates,	and other	
	Do not include any amounts already included in lines 2-10 or amounts the	nat are not	available to pay	expenses liste	d in Sched	dule J.
	Specify: Runs advertisement for companies				11. +	\$15.00
12.	Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabilitie if it applies.					\$1,830.01 Combined
12	Do you expect an increase or decrease within the year after you file	thic form	2			monthly income
١٥.		mio ioim	1 :			
	✓ No. None. Yes. Explain:					

G	ill in this inform	ation to identif	y your case:			Cha	alr if thia	i.	
	Debtor 1	Shennah	Lynne	Benav	ides	Che	ck if this An ame	ended filing	
	Dobitor 1	First Name	Middle Name	Last Nam		H		lement showing	postpetition
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Nam	ne		chapter followin	· 13 expenses a ig date:	s of the
	United States Bankr	untey Court for the	MIDDLE DISTRIC	T OF FLO	ORIDA		1414/5	D / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Case number	aptoy Court for the					MM / D	D / YYYY	
	(if known)								
0	fficial Form 10	<u>6J</u>							
S	chedule J: Yo	ur Expenses	5						12/15
СО		more space is ne	e. If two married peopeded, attach another seer every question.						
F	Part 1: Descri	be Your House	hold						
1.	Is this a joint case	?							
2.	_ No	ebtor 2 live in a se	parate household? Official Form 106J-2,	Expenses	for Separate Househ	old of	· Debtor	2.	
	Do not list Debtor		Yes. Fill out this information for each dependent		Dependent's relation Debtor 1 or Debtor		to to	Dependent's age	Does dependent live with you?
	Debtor 2.				Son			8	□ No - ☑ Yes
	Do not state the de names.	ependents'							No Yes
									□ No - □ Yes
									□ No - □ Yes
									□ No
									Yes
3.	Do your expenses expenses of peop yourself and your	le other than	✓ No ☐ Yes						
	Part 2: Estima	ite Your Ongoii	ng Monthly Expen	nses					
Es to	timate your expense	es as of your bank of a date after the	ruptcy filing date unle bankruptcy is filed. I	ess you are	•		•	•	
			government assistar Schedule I: Your Inco					Your expens	ses
4.			nses for your residen				2	1	
	If not included in		-						
	4a. Real estate ta	ixes					2	1a	
	4b. Property, hom	neowner's, or renter	s insurance				4	1b	
	4c. Home mainte	nance, repair, and ι	ıpkeep expenses				2	4c	
	4d. Homeowner's	association or cond	dominium dues				2	4d.	

Deb	otor 1 Shennah Lynne Benavides	Case number (if known)				
		Your expenses				
5.	Additional mortgage payments for your residence, such as home equity loans	5.				
6.	Utilities:					
	6a. Electricity, heat, natural gas	6a				
	6b. Water, sewer, garbage collection	6b				
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$208.35				
	6d. Other. Specify:	6d				
7.	Food and housekeeping supplies	7. \$400.00				
8.	Childcare and children's education costs	8.				
9.	Clothing, laundry, and dry cleaning	9.				
10.	Personal care products and services	10.				
11.	Medical and dental expenses	11. \$90.00				
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$250.00				
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$184.00				
14.	Charitable contributions and religious donations	14.				
15.	Insurance.					
	Do not include insurance deducted from your pay or included in lines 4 or 20.	45-				
	15a. Life insurance15b. Health insurance	15a 15b.				
	15c. Vehicle insurance	15c. \$128.16 15d.				
16.	15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	13u				
	Specify:	16				
17.	Installment or lease payments:					
	17a. Car payments for Vehicle 1	17a. \$354.90				
	17b. Car payments for Vehicle 2	17b				
	17c. Other. Specify: Student Loans	17c \$5.00				
	17d. Other. Specify:	17d				
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18				
19.	Other payments you make to support others who do not live with you. Specify:	19.				
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.					
	20a. Mortgages on other property	20a.				
	20b. Real estate taxes	20b				
	20c. Property, homeowner's, or renter's insurance	20c				
	20d. Maintenance, repair, and upkeep expenses	20d				
	20e. Homeowner's association or condominium dues	20e.				

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Debtor 1		Shenna	h Lynne Benavides	Case number (if kno	ΣW	vn)	
21.	Other	Specify:	See continuation sheet	21.		+_	\$143.00
22.	Calcu	ılate your n	nonthly expenses.				
	22a.	Add lines 4	through 21.	22a.		_	\$1,763.41
	22b.	Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 106J	-2. 22b.		l_	
	22c.	Add line 22	2a and 22b. The result is your monthly expenses.	22c.		L	\$1,763.41
23.	Calcu	ılate your n	nonthly net income.				
	23a.	Copy line 1	12 (your combined monthly income) from Schedule I.	23a.		_	\$1,830.01
	23b.	Copy your	monthly expenses from line 22c above.	23b.			\$1,763.41
	23c.		our monthly expenses from your monthly income. is your monthly net income.	23c.			\$66.60
24.	Do yo	ou expect a	n increase or decrease in your expenses within the year after y	you file this form?			
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?							
	 ✓ N	No					
	□ Y	res. Explain					

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Debtor 1	Shennah Lynne Benavides	Case number (if know	n)
	Specify:		¢50.00
Pet C			\$50.00
Child	ren's School Supplies		\$30.00
Day C	Care		\$24.00
After	School Care		\$24.00
Grooi	ming	_	\$15.00
		Total:	\$143.00

hennah rst Name rst Name uptcy Court for 06Dec bout an In		Benavides Last Name Last Name RICT OF FLORIDA tor's Schedules	☐ Check if this is an amended filing	
rst Name rst Name uptcy Court for 06Dec bout an In	Middle Name Middle Name the: MIDDLE DIST	Last Name Last Name RICT OF FLORIDA tor's Schedules	amended filing	
uptcy Court for 06Dec bout an In	the: MIDDLE DIST	tor's Schedules	amended filing	
06Dec bout an In	dividual Debt	tor's Schedules	amended filing	
bout an In			amended filing	
bout an In			12/1	
			12/1	
e are filing toge	ether, both are equa			
Below	omeone who is NOT	an attorney to help you fill o	ut bankruptcy forms?	
		, ,,		
Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).		
	lare that I have read	the summary and schedules	filed with this declaration and that they are	
	Below	Below agree to pay someone who is NOT	agree to pay someone who is NOT an attorney to help you fill ou	

Date

MM / DD / YYYY

Date <u>05/10/2019</u>

MM / DD / YYYY

Fi	II in this inf	ormation to iden	tify your case	e:					
De	ebtor 1	Shennah	Lynne	Benavide	es				
		First Name	Middle Name	Last Name					
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name					
Ur	nited States Baı	nkruptcy Court for the:	MIDDLE DIST	RICT OF FLO	RIDA				
	ase number					Chack if th	ic ic an		
(if	known)					Check if this is an amended filing			
Off	ficial Form	107							
Sta	atement o	f Financial Af	fairs for Inc	dividuals F	iling for Bankr	uptcy	04/19		
you	rect informatior r name and ca	n. If more space is r se number (if known	needed, attach a). Answer ever	separate sheet y question.		e equally responsible for s op of any additional page efore			
1.	What is your ☐ Married ☑ Not marrie	current marital statu	s?						
2.	During the last 3 years, have you lived anywhere other than where you live now? ☑ No ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.								
3.	Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)								
	✓ No ☐ Yes. Mak	e sure you fill out <i>Sch</i>	edule H: Your C	odebtors (Official	l Form 106H).				
Pa	art 2: Exp	olain the Sources	of Your Inco	ome					
4.	Fill in the total	amount of income yo	u received from a	all jobs and all bu	ousiness during this you usinesses, including par gether, list it only once u		llendar years?		
		n the details.							
	Debtor 1			Debtor 2					
			Sources	of income	Gross income	Sources of income	Gross income		
			Check al	l that apply.	(before deductions and exclusions	Check all that apply.	(before deductions and exclusions		
	From January 1 of the current year until the date you filed for bankruptcy:		- ب	es, commissions, ses, tips	\$9,054.03	Wages, commissions, bonuses, tips			
tile	uate you meu	ioi bankiuptoy.		ating a business		Operating a business			
For the last calendar year:			es, commissions, ses, tips	\$26,017.00	Wages, commissions, bonuses, tips				
(Jan	iuary i to Dece	mber 31, <u>2018</u>) YYYY	Opera	ating a business		Operating a business			
For	the calendar y	ear before that:	_	es, commissions, ses, tips	\$15,674.00	☐ Wages, commissions, bonuses, tips			
(January 1 to December 31, 2017)			ating a business		☐ Operating a business				

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Debtor 1	Shennah Lynne Benavides		Case	number (if known)	
5. Did you receive any other income during this year or the two previous Include income regardless of whether that income is taxable. Examples of unemployment; and other public benefit payments; pensions; rental income and gambling and lottery winnings. If you are in a joint case and you have Debtor 1. List each source and the gross income from each source separately. Do		ples of other income; income; interest; divid I have income that yo	are alimony; child support; S dends; money collected from ou received together, list it or	lawsuits; royalties;	
☑	Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deduction and exclusions		Gross income from each source (before deductions and exclusions
	nuary 1 of the current year until you filed for bankruptcy:	Hillsborough County Plasma Donations	Pub \$727.0 \$800.0		
	last calendar year: v1 to December 31, 2018)				
	calendar year before that: v1 to December 31, 2017)				

Debt	or 1	Shennah Lynne Benavides			Case number (if kno	wn)
Pa	rt 3:	List Certain Payments You M	ade Before \	ou Filed for Ba	ınkruptcy	
6.	Are eith	er Debtor 1's or Debtor 2's debts prin	narily consume	r debts?		
	□ No.	Neither Debtor 1 nor Debtor 2 has incurred by an individual primarily fo	•			d in 11 U.S.C. § 101(8) as
		During the 90 days before you filed for	or bankruptcy, di	d you pay any credit	tor a total of \$6,825*	or more?
		■ No. Go to line 7.				
		Yes. List below each creditor to vertotal amount you paid that concluded child support and alimony.	reditor. Do not i	nclude payments for	r domestic support o	bligations, such as
		* Subject to adjustment on 4/01/22 a	nd every 3 years	after that for cases	filed on or after the	date of adjustment.
	✓ Yes.	. Debtor 1 or Debtor 2 or both have p	orimarily consu	mer debts.		
		During the 90 days before you filed for	or bankruptcy, di	d you pay any credit	tor a total of \$600 or	more?
		☐ No. Go to line 7.				
		Yes. List below each creditor to v creditor. Do not include pay Also, do not include payment	ments for dome	stic support obligation	ons, such as child su	
			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
		Finance	_	\$1,064.70	\$12,101.00	_ Mortgage
	tor's name Box 65 per Stre	50805	Payments — 3/10/2019- for : 354.9		m 2/10/2019-	☐ Car ☐ Credit card ☐ Loan repayment ☐ Suppliers or vendors
Dall City	as	TX 75265 State ZIP Code	_			Other Car lease
•	Insiders corporat agent, in	I year before you filed for bankruptcy, include your relatives; any general partitions of which you are an officer, directoncluding one for a business you operate child support and alimony.	ners; relatives of r, person in cont	f any general partne rol, or owner of 20%	rs; partnerships of w or more of their voti	rhich you are a general partner; ing securities; and any managing
		. List all payments to an insider.				

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Deb	otor 1	Shennah Lynne Bena	vides	Case number (if known) _			
8.		1 year before you filed fo	or bankruptcy, did you make	any payments or transfer any pro	operty on a	ccount of a	debt th	at
			nteed or cosigned by an inside	er.				
	✓ No ☐ Yes	s. List all payments that be	enefited an insider.					
P	art 4:	Identify Legal Acti	ons, Repossessions, a	nd Foreclosures				
9.	List all s		rsonal injury cases, small clair	orty in any lawsuit, court action, on actions, divorces, collection suit		-	-	custody
	□ No ☑ Yes	s. Fill in the details.						
	e title		Nature of the case	Court or agency	_		tatus of	the case
		T CREDIT UNION VS	Lawsuit	Hillsborough Cou Court Name	unty Cour	t	— N	Pending
Sne	ennan B	Benavides		800 E. Twiggs				
				Number Street			— 🗆	On appear
Cas	e numbe	19-CA-003521		Room 604			🗆	Concluded
				Tampa	FL	33602		
				City	State	ZIP Code		
10.	seized,	1 year before you filed fo or levied? all that apply and fill in the		ur property repossessed, foreclo	sed, garnis	shed, attach	ned,	
	ت ب	Go to line 11. Fill in the information be	elow.					
11.		•	for bankruptcy, did any cred refuse to make a payment b	litor, including a bank or financia ecause you owed a debt?	l institution	ı, set off an	У	
	✓ No ☐ Yes	s. Fill in the details.						
12.		•	or bankruptcy, was any of yo eiver, a custodian, or anothe	ur property in the possession of er official?	an assigne	e for the be	nefit of	
	✓ No ☐ Yes	3						

Debtor 1 Shennah Lynne Benavides		Benavides	Case number (if known)					
Р	art 5:	List Cer	tain G	ifts and Co	ntributions			
13.	Within	2 years befo	re you	filed for bankr	uptcy, did you give any gifts with a total va	alue of more t	han \$600 per perso	on?
14.	_	s. Fill in the c			uptcy, did you give any gifts or contributio	ns with a tota	al value of more tha	ın \$600
		charity?	,		apicy, and you give any give or community			4000
	☑ No □ Yes	s. Fill in the c	letails fo	or each gift or c	contribution.			
Р	art 6:	List Cer	tain L	osses				
15.		1 year beford isaster, or g	-		ptcy or since you filed for bankruptcy, did	you lose any	thing because of th	eft, fire,
	✓ No ☐ Yes	s. Fill in the c	letails.					
Р	art 7:	List Cer	tain P	ayments or	Transfers			
16.	16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.							
	□ No ☑ Yes	s. Fill in the c	letails.					
	e Goldei	n Law Groυ Vas Paid	ıp		Description and value of any property transferred Filing Fees: 4/25/2019		Date payment or transfer was made	Amount of payment
	3 Oakfie	Id Drive, Su	uite A		Attorney Fees: 4/25/2019	4/25/2019	\$335.00	
_					-		4/25/2019	\$665.00
Bra City	andon		FL State	33511 ZIP Code	-			
Ema	ail or websit	te address			_			
Pers	son Who M	lade the Payme	nt, if Not	You	-			
Debtorcc Inc. Person Who Was Paid					Description and value of any property tra Credit Counseling: 5/7/2019	ansferred	Date payment or transfer was made	Amount of payment
372 Summit Avenue Number Street			_		5/7/2019	\$14.95		
					_			
	rsey City	у	NJ	07302	_			
City			State	ZIP Code	_			
Ema	ail or websit	te address						
Pers	son Who M	lade the Payme	nt, if Not	You	_			

Deb	Shennah Lynne Benavides		Case number (it	f known)	
17.	Within 1 year before you filed for bankru anyone who promised to help you deal v				erty to
	Do not include any payment or transfer that	at you listed on line 16.			
	✓ No☐ Yes. Fill in the details.				
18.	Within 2 years before you filed for banks property transferred in the ordinary cou		• •	roperty to anyone, oth	er than
	Include both outright transfers and transfer Do not include gifts and transfers that you		-	st or mortgage on your p	roperty).
	☐ No ☑ Yes. Fill in the details.				
Kia	a Motors	Description and value of a property transferred	•	property or payments ebts paid in exchange	Date transfer was made
	son Who Received Transfer	Buck Century	Traded Buid Kia	k in for new leased	March 2017
Num	nber Street	_			
		_			
City	State ZIP Code	_			
Per	rson's relationship to you	_			
19.	Within 10 years before you filed for bank you are a beneficiary? (These are ofter			trust or similar device	of which
	✓ No ☐ Yes. Fill in the details.	·	,		
P	art 8: List Certain Financial Ac	counts, Instruments, Sa	afe Deposit Boxes, a	nd Storage Units	
20.	Within 1 year before you filed for bankru benefit, closed, sold, moved, or transfer		ounts or instruments held	d in your name, or for y	/our
	Include checking, savings, money market, houses, pension funds, cooperatives, associated as a second cooperative c		·	s in banks, credit unions	, brokerage
	☐ No ☑ Yes. Fill in the details.				
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	ncoast Credit Union ne of Financial Institution	_			
РΟ	Box 30495	XXXX	☑ Checking	12/2018	\$19,270.00
Num	nber Street	_	☐ Savings ☐ Money market		
		_	Brokerage		
Tar	mpa FL 33630		Other		
City		_			

Deb	otor 1	Shennah Lynne Benavides	Case number (if known)				
21.		u now have, or did you have within 1 year before you filed for bankruptcy curities, cash, or other valuables?	, any safe deposit box or other depository				
	☑ No	s. Fill in the details.					
22.	☑ No	ou stored property in a storage unit or place other than your home withing. s. Fill in the details.	n 1 year before you filed for bankruptcy?				
Р	art 9:	Identify Property You Hold or Control for Someone Else					
23.	-	u hold or control any property that someone else owns? Include any pro d in trust for someone.	perty you borrowed from, are storing for,				
	☑ No □ Yes	s. Fill in the details.					
Ρ	art 10:	Give Details About Environmental Information					
For	the purp	pose of Part 10, the following definitions apply:					
l	■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.						
		ans any location, facility, or property as defined under any environmenta or used to own, operate, or utilize it, including disposal sites.	I law, whether you now own, operate, or				
		ous material means anything an environmental law defines as a hazardouce, hazardous material, pollutant, contaminant, or similar item.	is waste, hazardous substance, toxic				
Rep	ort all n	otices, releases, and proceedings that you know about, regardless of wh	nen they occurred.				
24.	Has an law?	y governmental unit notified you that you may be liable or potentially lia	ole under or in violation of an environmental				
	☑ No	s. Fill in the details.					
25.	•	ou notified any governmental unit of any release of hazardous material?					
	✓ No ☐ Yes	s. Fill in the details.					
26.	Have you	ou been a party in any judicial or administrative proceeding under any e	nvironmental law? Include settlements and				
	✓ No ☐ Yes	s. Fill in the details.					

Deb	otor 1	Shennah Lynne Benavides	Case number (if known)				
Р	art 11:	Give Details About Your Business	or Connections to Any Business				
27.	7. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?						
		A sole proprietor or self-employed in a trade, A member of a limited liability company (LLC A partner in a partnership An officer, director, or managing executive of An owner of at least 5% of the voting or equit	a corporation				
	بخا	None of the above applies. Go to Part 12. Check all that apply above and fill in the deta	ails below for each business.				
28.		2 years before you filed for bankruptcy, did nicial institutions, creditors, or other parties.	you give a financial statement to anyone about your business? Include				
	□ No □ Yes	. Fill in the details below.					
Р	art 12:	Sign Below					
tha pro	t answers perty by	s are true and correct. I understand that ma	Affairs and any attachments, and I declare under penalty of perjury king a false statement, concealing property, or obtaining money or can result in fines up to \$250,000, or imprisonment for up to 20 years,				
		nah Lynne Benavides X Lynne Benavides, Debtor 1	Signature of Debtor 2				
		05/10/2019	Date				
Did	you atta	ch additional pages to Your Statement of Fil	nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?				
	No Yes						
Did	you pay	or agree to pay someone who is not an atto	orney to help you fill out bankruptcy forms?				
☑		me of person	Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).				

					ı	
		ormation to iden	tify your case			
De	ebtor 1	Shennah First Name	Lynne Middle Name	Benavides Last Name		
1 -	ebtor 2					
(S	pouse, if filing)	First Name	Middle Name	Last Name		
Ur	nited States Bar	nkruptcy Court for the	MIDDLE DIST	RICT OF FLORIDA		
	ase number known)					Check if this is an amended filing
Of	ficial Form	108				
Sta	atement o	f Intention for	Individuals	Filing Under Chapt	er 7	12/15
If vo	ou are an indiv	idual filing under cha	anter 7 vou mus	t fill out this form if:		
•		claims secured by y	. ,,	ini out and form in		
		ed personal property		s not expired		
-				ter you file your bankruptcy p	atition or by the date se	t for the meeting
of c	reditors, whic			nds the time for cause. You m		
	-	pple are filing togethe t sign and date the fo	-	both are equally responsible	for supplying correct in	formation.
		nd accurate as possi write your name and		e is needed, attach a separate known).	sheet to this form. On	the top of any
P	art 1: Lis	t Your Creditors	Who Hold Se	cured Claims		
1.	-	tors that you listed in	n Part 1 of <i>Sche</i> d	dule D: Creditors Who Hold Cl	aims Secured by Prope	rty (Official Form 106D),
	Identify the c	reditor and the prope	erty that is collate	eral What do you intend property that secu		Did you claim the property as exempt on Schedule C?
	None.					
P	art 2: Lis	t Your Unexpired	l Personal Pro	perty Leases		
fill i	n the informati	ion below. Do not lis	st real estate leas	ed in Schedule G: Executory of the season of	ses that are still in effect	•
	Describe you	r unexpired persona	l property leases		v	Vill this lease be assumed?
	Lessor's name Description of property:	71101111101		ers	[6	No Yes
	Lessor's name		s Finance		[6	□ No ☑ Yes

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Debtor 1	Shennah Lynne Benavides		Case number (if known)
Part 3:	Sign Below		
	penalty of perjury, I declare that I ha al property that is subject to an une	•	any property of my estate that secures a debt and
X /s/ She	ennah Lynne Benavides	X	
Shenna	h Lynne Benavides, Debtor 1	Signature of Debtor 2	
Date (05/10/2019	Date	<u></u>
N	MM / DD / YYYY	MM / DD / YYY	Y

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

+	\$75	filing fee administrative fee trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+		filing fee administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

 $\frac{\text{http://www.uscourts.gov/bkforms/bankruptcy_forms}}{\text{.html\#procedure.}}$

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/Resources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA TAMPA DIVISION

ın	re Snennan Lynne Benavides	Case No.	
		Chapter	7
	DISCLOSURE OF COMPENSATIO	N OF ATTORNEY FO	R DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I c that compensation paid to me within one year before the filing a services rendered or to be rendered on behalf of the debtor(s) is as follows:	of the petition in bankruptcy, o	r agreed to be paid to me, for
	For legal services, I have agreed to accept		\$665.00
	Prior to the filing of this statement I have received		\$665.00
	Balance Due	<u> </u>	\$0.00
2.	The source of the compensation paid to me was:		
	☑ Debtor ☐ Other (specify)		
3.	The source of compensation to be paid to me is:		
	☑ Debtor ☐ Other (specify)		
4.	☑ I have not agreed to share the above-disclosed compensa associates of my law firm.	ation with any other person un	ess they are members and
	☐ I have agreed to share the above-disclosed compensation associates of my law firm. A copy of the agreement, toget compensation, is attached.		
5.	In return for the above-disclosed fee, I have agreed to render le	egal service for all aspects of	the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering adbankruptcy;	lvice to the debtor in determini	ng whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements	of affairs and plan which may	be required;
	c. Representation of the debtor at the meeting of creditors and	d confirmation hearing, and an	y adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Any post-petition services. If debtor wishes for the attorney to represent her in any post-petition matters a separate retainer agreement will be executed.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

 05/10/2019
 /s/ Elyssa M. Harvey

 Date
 Elyssa M. Harvey
 Bar No. 0119907

 The Golden Law Group
 808 Oakfield Dr, Ste A

Brandon, FL 33511

/s/ Shennah Lynne Benavides

Shennah Lynne Benavides

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA TAMPA DIVISION

IN RE: Shennah Lynne Benavides CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

	The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her
knowle	edge.

Date <u>5/10/2019</u>	Signature /s/ Shennah Lynne Benavides Shennah Lynne Benavides	
Date	Signature	

Doc 1 Filed 05/10/19 Page 53 of 56 MIDDLE DISTRICT OF FLORIDA Debtor(s): Shennah Lynne Benavides 8:19-bk-04450-RCT Chapter: 7

AT&T Mobility Headquarters P.O. Box 536216 Atlanta, GA 30353

Rainier Emergency Physicians LL 13737 Noel Rd Ste 1600 Dallas, TX 75240

Brandon Regional Hospital c/o HCA Patient Account Serv PO Box 9060 Clearwater, FL 33758-9060

Suncoast Credit Union PO Box 30495 Tampa, FL 33630

CONSUEGRA & DUFFY PLLC DBA 9210 KING PALM DR TAMPA, FL 33619

US Department of Education P.O.Box 530260 Atlanta, GA 30353

Disney Vacation Club Management Vacation Village Voyages 1390 Celebration Blvd. Celebration, FL 34747

Javancia Browne 4301 SW 10th Ave. Cape Coral, FL 33914

Kia Motors Finance P.O. Box 650805 Dallas, TX 75265

Phoenix Financial Services P.O. Box 361450 Indianapolis, IN 46236

Planet Fitness 1864 James L Redman Pkwy

Progressive Insurance 4030 Cresent Park Drive Riverview, FL 33578

Progressive Leasing 256 Data Dr. Draper, UT 84020

F	ill in t	his information to	identify your case	:		box only as direc		
D	ebtor 1	Shennah	Lynne	Benavides	form and i	n Form 122A-1Su	pp:	
		First Name	Middle Name	Last Name	1. There is	no presumption of abus	se.	
	ebtor 2 Spouse,	if filing) First Name	Middle Name	Last Name	of abuse	ulation to determine if a applies will be made un est Calculation (Official	nder Chapter 7	
U	nited St	tates Bankruptcy Court f	or the: MIDDLE DISTI		Means Test Calculation (Official Form 122A-2			
	Sase number f known)					of qualified military service but it could apply later.		
					Check if the	his is an amended filing	ı	
<u>O</u> 1	ficial	Form 122A-1						
Cł	napte	er 7 Statement o	of Your Current	Monthly Income			12/1	
info are mil 122	ormatio exemp itary se	on applies. On the top oted from a presumptio ervice, complete and fil pp) with this form.	of any additional pages on of abuse because yo	heet to this form. Include to so, write your name and caso ou do not have primarily cotion from Presumption of A	e number (if knowr nsumer debts or be	n). If you believe that y ecause of qualifying	you	
1.		is your marital and fili	•					
		•		ony.				
		Not married. Fill out Co		ill out both Columns A and D	lines 2 44			
	_			ill out both Columns A and B				
Married and your spouse is NOT filing with you. You and your spouse are:								
	[Living in the same	household and are no	t legally separated. Fill out	both Columns A and	I B, lines 2-11.		
Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking to declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that appeand your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C.						ankruptcy law that appli	es or that you	
	Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.							
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse		
2.		gross wages, salary, to re all payroll deductions)	• .	, and commissions	\$2,194.57			
3.		ony and maintenance p umn B is filled in.	payments. Do not include	de payments from a spouse	\$0.00			
4.	exper regula your o	dependents, parents, and use only if Column B is	pendents, including ch unmarried partner, mem d roommates. Include re		\$0.00			

Deb	otor 1 Shennah Lynne Benavio	les		c	ase number (if k	nown)	
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
5.	Net income from operating a busin	ess, profession, o	r farm				
		Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$12.50					
	Ordinary and necessary operating expenses	\$0.00	-	Сору			
	Net monthly income from a business profession, or farm	\$12.50		here ->	\$12.50		
6.	Net income from rental and other r		Dala da				
	Gross receipts (before all deductions)	\$0.00	Debtor 2				
	Ordinary and necessary operating expenses	- \$0.00		Сору			
	Net monthly income from rental or other real property	\$0.00		here →	\$0.00		
7.	Interest, dividends, and royalties				\$0.00		
8.	Unemployment compensation				\$0.00		
	Do not enter the amount if you content benefit under the Social Security Act						
	For you		\$0.	00			
	For your spouse						
9.	Pension or retirement income. Do was a benefit under the Social Secur	•	ount received that		\$0.00		
10.	0. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.			ct ′,			
	Total amounts from separate pages,	if any.		+		+	
11.	Calculate your total current month Add lines 2 through 10 for each colur Then add the total for Column A to the	nn.	В.		\$2,207.07	+	\$2,207.07
							Total current monthly income

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Debtor 1		S	hennah Lynne Benavides		Case number (if known)			
Р	art 2		Determine Whether the Means T	est Applies to You				
12.	Calc	ulate	your current monthly income for the ye	ear. Follow these steps:				
	12a.	Cop	by your total current monthly income from	line 11	Copy line 11 here > 12a. \$2,207.07			
		Mul	tiply by 12 (the number of months in a yea	ar).	X 12			
	12b.	The	result is your annual income for this part	of the form.	12b. \$26,484.84			
13.	Calc	ulate	the median family income that applies	to you. Follow these steps:				
	Fill ir	n the s	state in which you live.	Florida				
	Fill ir	n the r	number of people in your household.	2				
	Fill ir	n the r	median family income for your state and s	ize of household	13. \$60,400.00			
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.								
14.	How	do th	ne lines compare?					
	14a.		Line 12b is less than or equal to line 13. Go to Part 3.	On the top of page 1, check b	ox 1, There is no presumption of abuse.			
	14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2.							
Р	Part 3: Sign Below							
	By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.							
X /s/ Shennah Lynne Benavides Shennah Lynne Benavides, Debtor 1 X Signature of Debtor 2								
		Date	5/10/2019	Date_				
			MM / DD / YYYY		MM / DD / YYYY			
	If you checked line 14a, do NOT fill out or file Form 122A-2.							

If you checked line 14b, fill out Form 122A-2 and file it with this form.